March 11, 2016

Clerk, U.S. Bankruptcy Court

IT IS ORDERED that the Application below is approved.

RANDALL L. DUNN
U.S. Bankruptcy Judge

## UNITED STATES BANKRUPTCY COURT DISTRICT OF OREGON

In re:	
	Case No:
	) ) APPLICATION FOR SPECIAL ) ADMISSION <i>PRO HAC VICE,</i>
Debtor(s)	AND ORDER THEREON
	) Adv. Proc. No. (if applicable):
Plaintiff(s)	)
V.	)
	ý
Defendant(s)	))
	rty(s):oves for admission of the following attorney <i>pro hac vice:</i>
(a) APPLICANT ATTORNEY INFORMATION	
(1) Personal Data:	
(A) Attorney's Name:	
(B) Firm or Business Affiliation:	
(C) Mailing Address:	
(D) Business Telephone Number:	
(E) Fax Telephone Number:	
(F) E-Mail Address:	

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\*\*\* SEE NEXT PAGE \*\*\*

(2) Bar Admissions Information: I certify that I am now a member in good standing of the following S and/or Federal Bar Association:	State				
(A) State Bar Admissions, Standing, Admissions Date and BAR ID Number:					
(B) Federal Bar Admissions, Standing, Admissions Date and BAR ID Number:					
(3) Certification of Disciplinary Proceedings:					
I certify that I am not now, nor have I ever been subject to any disciplinary action by any StarFederal bar association or administrative agency.	te oi				
I certify that I am now, or have been subject to disciplinary action from a State or Federal association or administrative agency (see attached letter of explanation).	baı				
(4) Certification of Professional Liability Insurance: I certify that I have a current professional lia insurance policy that will apply in this case, and that the policy will remain in effect during the cours these proceedings.	-				
CERTIFICATION OF ASSOCIATED LOCAL COUNSEL: I certify that:					
(1) I am a member in good standing of the Bar of this court, and that I will serve as designated local court in this particular case.	nse				
(2) I have verified the information supplied by the applicant in pt. (a)(2).					
(3) Local Counsel's Personal Data:					
(A) Name and Oregon State Bar ID Number:					
(B) Firm or Business Affiliation:					
(C) Mailing Address:					
(D) Business Telephone Number:					
(E) Fax Telephone Number:					
(F) E-Mail Address:					
(4) <b>Meaningful Participation Requirements</b> : I certify that I have discussed the participation requirem of LR 83-3 with my associate counsel.	ents				
SIGNATURES OF COUNSEL					
Local Counsel Special Admissions Applicant	-				

NAME: ADDRESS:

PHONE:

(b)

(c)

NAME:

PHONE:

ADDRESS:

## **BAR ADMISSIONS INFORMATION**

## Brian A. Jennings

(2) (A)	State Bar,	good	standing:

Washington State Bar, No. 32509, admitted 07/02/2002

Missouri State Bar, No. 50099, admitted 10/02/1998

Illinois State Bar (inactive), ARDC 6273970, admitted 05/10/2001

## (2) (B) Federal Bar and Other Court Admissions:

Washington State Supreme Court, admitted 7/02/2002

U.S. District Court for the Western District of Washington, admitted 2002

Missouri Supreme Court, admitted 10/02/1998

U.S. District Court for the Western District of Missouri, admitted in 1998

U.S. District Court for the Eastern District of Missouri, admitted in 2000

U.S. Court of Appeals for the Eighth Circuit, admitted 2010

Illinois Supreme Court (inactive), admitted 05/10/2001